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** CONTINUING DATA *****

NONE CHZ
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** FOREIGN APPLICATIONS *****

NONE CHZ
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Carl H. Janner</i> CHZ			
Verified and Acknowledged				

ADDRESS

26876

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TITLE

Patient-specific template development for neurological event detection

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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